

Town Facility Reservation Form

Day/Date/Time Facility Requested _____
Facility Requested:

- ☐ Council Chambers ☐ SW Ramada ☐ SE Ramada
☐ Fire Department ☐ Center Ramada

Name of Person/Organization requesting facility _____

Mailing Address _____ Phone _____

Purpose _____ Approximate number in group _____

Refreshments to be served, what type _____

Comments _____

We understand that all activities must be under competent supervision at all times. We assume full responsibility for damage to the facilities/equipment during that period of time they have been assigned to us, and we further agree not to change or alter our usage of such facilities/equipment.

Date _____

Signature of Person Requesting Facility

Date _____

Authorization Signature

FOR OFFICE USE

Total Fee _____

Date Paid _____

Date Refunded _____